

2006 FOR PROFIT CORPORATION REINSTATEMENT

750.00

DOCUMENT # P04000015375

1. Entity Name
IKEBANA MARINE, INC.



FILED

06 SEP 26 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09202006 REIN-P CR2E098 (11/05) 06

Principal Place of Business
1212 SW 17TH STREET
FT. LAUDERDALE, FL 33315

Mailing Address
1212 SW 17TH STREET
FT. LAUDERDALE, FL 33315

2. Principal Place of Business
1212 SW 17th ST
Suite, Apt. #, etc.

3. Mailing Address
1212 SW 17th ST
Suite, Apt. #, etc.

City & State
Ft Lauderdale

City & State
Ft Lauderdale

Zip Country
33315 USA

Zip Country
33315 USA

4. FEI Number
54-2141746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VRANA, JEFF
1212 SW 17TH STREET
FT. LAUDERDALE, FL 33315

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jefferson R Vrana 9/20/2006
Signature, typed, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VRANA, JEFF		NAME		
STREET ADDRESS	1212 SW 17TH STREET		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE, FL 33315		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jefferson R Vrana 9/20/2006 954592 7110
Signature, typed, or printed name of signing officer or director Date Daytime Phone #